

# Health Care Reform Realization Committee

Meeting Notes, December 15, 2009

A. Present: See attached sheet

B. Welcome & Introductions

- ✓ Commissioner Kreidler gave opening comments and called for introductions.
- ✓ Commissioner Kreidler began by introducing staff: Barb Flye, Mary Clogston, and Ann Aas.
- ✓ All members present and on the phone shared who they were and why they were interested in serving.

C. Realization Committee Goals

- ✓ Commissioner Kreidler explained that the realization committee is likely to be one of several entities or avenues created for input in the implementation process. For example, the legislature may pass a resolution to create a Joint Select Committee of the legislature. Commissioner Kreidler and his staff are in touch with and discussing how different efforts can complement each other and not duplicate work.
- ✓ Staff reviewed the expectation that the realization committee is a temporary group and that committee members were making a one year commitment.
- ✓ It was stated that the realization committee effort is unique in that it brings together community leaders from across the state that interact with the health care system directly and from different vantage points, providing an avenue for those voices to be heard in the debate.
- ✓ The following goals for the realization committee were agreed to:
  - Draw on the knowledge, experience and insight from community leaders, small and large business owners, local public officials, and health care providers from across the state.
  - Develop specific recommendations to implement federal health care reform, which may include, but not be limited to—legislation, rule making, agency/organization practice, etc.

D. Realization Committee Vision Statement

- ✓ The members then discussed the vision statement of the committee. There was a lot of discussion and many suggestions were made to the original proposal. Mary Sue Gorski and Barb Flye worked to meld those recommendations into a vision statement as follows but not yet approved by the committee:
- ✓ Universal high quality, affordable, integrated care for all Washingtonians through effective implementation of federal health care reform suitable for our state.

#### E. Realization Committee Guiding Principles

- ✓ The committee then moved on to discuss the guiding principles of the committee's work. Again, much discussion and input. Due to time constraints, the committee agreed to have staff make changes to the guiding principles based on the discussion at the meeting and then send out for consideration. The following is an updated draft of guiding principles for the committee's approval:
1. **Using federal legislation as a guide, maximize opportunities and—where possible—innovate.** Washington state is a leader in many areas of health care reform, including quality and efficiency, administrative simplification, and coordination between state agencies.
  2. **Build on the strengths of Washington's existing infrastructure.** Washington state, in both the public and private arenas has already innovated in a number of areas. We should build upon what works and is already in place in our state.
  3. **Focus on developing state policies and practices to set the intent and direction of reform, including how to convey them throughout the system.** Avoid minutiae that may be better tended to by staff in charge of implementation.
  4. **Focus on what's achievable.** Federal reform will not address nor solve all of the problems in our health care system. The Realization Committee should work on efforts that are meaningful and can be built upon.
  5. **Provide opportunities for those with vested interests in the current system to be involved with implementation of reforms.** Interested entities given a voice will be more interested in achieving success.
  6. **Action through consensus.** Discussion and respectful debate often lead to good outcomes. All voices should be heard and considered and, wherever possible, a consensus decision should be made.

This last one was not discussed at the meeting and the proposed language is the same as in the original draft proposed at the December 15<sup>th</sup> meeting.

#### F. Subcommittees

- ✓ Mary Clogston, OIC staff, then addressed the issue of subcommittees. It was agreed that developing and appointing members to them was premature. A more detailed discussion about how the work of the committee, including but not limited to consideration of the creation of subcommittees will be discussed after federal reform is passed and signed into law.

#### G. Meeting Schedule

- ✓ The committee set as its 2010 schedule the 4<sup>th</sup> Wednesday of every other month beginning with March 24, 2010. Each meeting will be held in the afternoon, in the Sea-Tac area and for 4 hour blocks of time.
- ✓ 2010 Realization Committee meetings:
  - March 24<sup>th</sup>
  - May 26<sup>th</sup>
  - July 28<sup>th</sup>
  - September 22<sup>nd</sup>
  - November 24<sup>th</sup>
- ✓ All meetings are from 1:00 pm to 5:00 pm, unless otherwise noted.
- ✓ OIC staff also suggested and committee members agreed that it would be helpful to have 2-3 phone meetings to update members on the status of federal reform between now and the March meeting. These meetings would be for 30 minutes, perhaps less, depending on the information to convey and questions posed. It was also suggested to include relevant state updates as part of those phone meetings.

Committee Members Present:

Commissioner Kreidler

Kim Armstrong

Senator Randi Becker

Rud Browne (via phone)

Carole Butkus

Anthony Chen

Representative Eileen Cody

Sean Corry

Representative John Driscoll

Mary Sue Gorski

Jody Hall

Rhonda Hauff

Todd Holm

Joe Kortum (via phone)

Lisa Nisenfeld

Carlos Olivares

Denise Passinetti

Bill Riley

Roberta Riley

Sue Sharpe

Roslyn Solomon

Howard Springer

Steve Tharinger (via phone)

Michael Vanderlinde

Staff Present:

Mary Clogston

Barbara Flye

Ann Aas

Interested Parties Present:

Mich'I Needham, Senate Health and Long Term Care Committee staff

Veronica Marohn, Governor's office